

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021445

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED MAY 17 1963

Primary Registration District No.

1003

Registrar's No.

4997

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
30 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Park Lane Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4318 Chouteau

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Middle Last
VIRGINIA MYRA COOKE

4. DATE OF DEATH
Month Day Year
May 7, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11/10/14

9. AGE (last birthday)

48

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waitress

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James Julian

13b. MOTHER'S MAIDEN NAME

Alice Absheer

14. NAME OF HUSBAND OR WIFE

Frank (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Thomas Julian, Williamsville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Toxemia - hyperbilirubinemia

INTERVAL BETWEEN ONSET AND DEATH

13 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized carcinomatosis

60 days

DUE TO (c)

Adeno Carcinoma of breast

2 1/2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

170x

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *April 26 1963* to *May 6 1963* and last saw her alive on *April 6 1963*

Death occurred at *4:15 P.M.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

13C Kane DC

22b. ADDRESS

4260 Manchester

22c. DATE SIGNED

5-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5/9/63

23c. NAME OF CEMETERY OR CREMATORY

Julian

23d. LOCATION (City, town, or county)

Piedmont, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

McLaughlin, 2301 Lafayette, S. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

MAY 9 1963

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. L. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.